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## Application Number 09 りょうしょう **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CI AIMS AFTER FIRST AFTER SECOND <u>88800</u> **AMENDMENT AMENDMENT** Depend Indep Depend Indep Indep Depend Depend Indep Depend Indep Depend Indep 74 Total Total ഗ Indep Indep Total Total Depend Depend Total Total

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Claims

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